



RECEIVED

JUL 06 1999

Group 2700

PTO/SB/51 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Docket Number (Optional)

VN169RI

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,566,169, granted OCTOBER 15, 1996, and for which a reissue patent is sought on the invention entitled DATA COMMUNICATION NETWORK WITH TRANSFER PORT, CASCADE PORT AND/OR FRAME SYNCHRONIZING SIGNAL the specification of which

is attached hereto.

was filed on OCTOBER 15, 1998 as reissue application number 09/1173,582 and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.  
 by reason of the patentee claiming more or less than he had the right to claim in the patent.  
 by reason of other errors.

At least one error upon which reissue is based is described as follows:

By REASON OF CLAIMING ONLY CLAIMS 1-15, WHICH IS LESS THAN THE FULL RIGHT TO CLAIM IN THE PATENT, ADDITIONAL CLAIMS ARE ADDED; FOR EXAMPLE, CLAIM 16 IN THE REISSUE APPLICATION. THIS ERROR IS RELIED UPON TO SUPPORT THE REISSUE APPLICATION.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

VN169RI

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

ALAN R. LOUDERMILK	32,788
--------------------	--------

Correspondence Address: Direct all communications about the application to:

 Customer Number

--



Place Customer Number Bar Code Label here
--

OR

Type Customer Number here

<input type="checkbox"/> Firm or Individual Name	LOUDERMILK & ASSOCIATES			
Address	10950 N. BLANEY AVENUE, SUITE B			
Address				
City	CUPERTINO	State	CA	ZIP 95014
Country	U.S.A.			
Telephone	408-342-1866	Fax	408-342-1868	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

GEETHA N.K.RANGAN	
Inventor's signature	Geetha N.K.Rangan
Residence	Date May 05, 99
Post Office Address	Citizenship

Full name of second joint inventor (given name, family name)

DEBRA J. WORSLEY	
Inventor's signature	Date
Residence	Citizenship
Post Office Address	

Full name of third joint inventor (given name, family name)

RICHARD THAIK	
Inventor's signature	Date
Residence	Citizenship
Post Office Address	

Additional joint inventors are named on separately numbered sheets attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
VN169RT

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

ALAN LOUDERMILK 32,788

Correspondence Address: Direct all communications about the application to:

 Customer Number
Place Customer Number Bar  
Code Label here

OR

Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	<u>LOUDERMILK &amp; ASSOCIATES</u>			
Address	<u>10950 N. BLANEY AVENUE, SUITE B</u>			
Address				
City	<u>CUPERTINO</u>	State	<u>CA</u>	ZIP <u>95014</u>
Country	<u>U.S.A.</u>			
Telephone	<u>408-342-1866</u>	Fax	<u>408-342-1868</u>	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

BRIAN C. EDEM

Inventor's signature

Residence	Date
-----------	------

Post Office Address	Citizenship
---------------------	-------------

Full name of second joint inventor (given name, family name)

Inventor's signature	Date
----------------------	------

Residence	Citizenship
-----------	-------------

Post Office Address

Full name of third joint inventor (given name, family name)

Inventor's signature	Date
----------------------	------

Residence	Citizenship
-----------	-------------

Post Office Address

Additional joint inventors are named on separately numbered sheets attached hereto.